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bronchodilator FEV1% pred, number of hospital admissions and ER visits in the year prior to baseline, number of concomitant diagnoses and BMI were independently associated with EQ-5D utility. Danish, Spanish and Dutch patients had significantly higher utilities than US patients. French patients had lower utilities. Utilities calculated with the US value set were on average 5% higher than utilities calculated with the UK set. **CONCLUSIONS:** Increasing severity of COPD was associated with significant decline of EQ-5D VAS scores and utilities. These results demonstrate that a generic instrument can assess COPD impact on quality of life and that the scores discriminate between patients groups of known severity. These utilities will be useful in cost-effectiveness assessments.

PRS19

IMPACT OF DYSPNOEA ON DAILY ACTIVITIES IN COPD PATIENTS—DEVELOPMENT AND TESTING OF A NEW QUESTIONNAIRE FOR CLINICAL PRACTICE AND CLINICAL TRIALS

Arnould B[1], Prost L[1], Pérez T[2], Roche N[3], Aguilaniu B[4], N'Guyen JM[5]
[1]Mapi Values, Lyon, Rhone, France; [2]Calmette Hospital, Lille, France; [3]Hôtel Dieu Hospital, Paris, France; [4]Hylab, Grenoble, France; [5]Altana Pharma, Le Mée sur Seine, France

OBJECTIVE: To develop and validate a self-reported questionnaire measuring the severity of dyspnoea and its impact on daily life. **METHODS:** A list of daily life activities was selected by the Scientific Committee (SC) after an extensive literature review. This selection was tested during five interviews with respiratory physicians, resulting in a modified list and a preliminary grading system assessing how dyspnoea impacts on activities. After in-depth interviews conducted with ten mild-to-severe COPD patients, a test questionnaire was developed. Six new patients completed the test questionnaire and commented its contents and format. Two response choice formats (multiple or exclusive response) were tested to describe the impact of dyspnoea on activities. In addition, four new clinicians completed a standard form evaluating the questionnaire after having used it in clinical practice with four of their patients. The questionnaire was revised according to all comments received. **RESULTS:** Five concepts (self-care, physiological activities, activities at home, activities outside, and sport) and 48 activities were first identified. After clinician and patient interviews, some activities were grouped, split, suppressed or added. The test questionnaire had 20 items. The recall period was set to a week. The descriptive criteria of the impact of dyspnoea on activities were: abandoned, slowed, need for pause, need for help, activities modified, avoided. After the cognitive debriefing and comments from both patients and clinicians, the final format was established as a mix of the two tested formats. **CONCLUSION:** This pilot questionnaire assessing the impact of dyspnoea on COPD patients activities in real life was well accepted by both patients and doctors. Further validation is needed to support its use and guide interpretation in clinical practice and clinical trials.

PRS20

PATIENT REPORTED IMPACT OF COUGH AND SPUTUM IN CHRONIC (OBSTRUCTIVE) BRONCHITIS—SIMULTANEOUS DEVELOPMENT OF THE SELF-ADMINISTERED CASA-Q

Mesrobian X[1], Crawford B[2], Tetzlaff K[3], Monz BU[4]
[1]Mapi Values USA, Boston, MA, USA; [2]Mapi Values, Boston, MD, USA; [3]Boehringer Ingelheim, Biberach/Riss, Germany; [4]Boehringer Ingelheim, Ingelheim, Germany

BACKGROUND: Cough and sputum are leading symptoms of chronic (obstructive) bronchitis. It is acknowledged that these symptoms impact patients' lives, yet they have never been measured adequately. **OBJECTIVE:** To develop a self-administered instrument in five countries (seven languages) that captures concepts relevant to chronic (obstructive) bronchitis patients who suffer from cough and sputum. **METHODS:** After literature review and appraisal of existing instruments, a conceptual model was developed and then reviewed by clinical respiratory experts. Thirty extensive face-to-face concept elicitation interviews were conducted with patients in five countries (France, Germany, Japan, Spain, US). After transcription and domain-mapping of the interviews in each country, an international item generation meeting was conducted and a draft questionnaire was simultaneously created in five languages. After clinical expert review, testing for face and content validity was performed in cognitive debriefings in seven languages in six countries with 35 patients (English for US/UK, French, German, Japanese, and Spanish for US/Spain). **RESULTS:** The conceptual model addressed symptoms of cough and sputum and their respective impact. The resulting questionnaire, Cough and Sputum Assessment Questionnaire (CASA-Q), has 25 items with 6 items for symptoms (3 cough, 3 sputum) and 19 items for the impact of these symptoms (12 cough, 7 sputum). The response choices per item consist of five options from "never" to "always" or "not at all" to "extremely", depending on the context of the item. Due to its simultaneous item generation in five languages and field testing in seven languages, item wording overall is following a simple sentence structure. The ease of understanding and relevance of each question was found acceptable across languages. **CONCLUSION:** The CASA-Q is a well-developed, patient-based questionnaire relevant to the assessment of chronic bronchitis. The CASA-Q, after completion of psychometric validation, may contribute to a comprehensive patient-centered assessment.

PRS21

PATIENT SATISFACTION WITH TREATMENT FOR COPD

Leiva F[1], Garcia A[2], Prados D[1], Sanchez de la Cuesta F[3], Martos F[3]
[1]Servicio Andaluz de Salud, Málaga, Spain, Spain; [2]Universidad de Málaga, Málaga, Spain; [3]Universidad de Málaga, Málaga, Málaga, Spain

OBJECTIVES: Analize the patient satisfaction with COPD treatment, and relation with different drugs. **METHODS:** Cross-sectional study of 377 patients with COPD controlled in three primary care settings. Non-random sample: patients were cited in the health centers and were asked to answer 10 questions about satisfaction with their treatment (positive scale 1–7). In this interview the investigators carried out a spirometry. Other variables measured were: age, sex, comorbidity, and prescribed treatment. **RESULTS:** 331 (87.8%) males, age (mean + std) 67.7 + 8.6 years, 53% had at least another comorbid condition; FEV 1 58% + 21%. In 63 patients (15%) we couldn't find any prescribed treatment. 65% remaining received treatment with: ß2agonist (55%), anticholinergic (30.8%), inhaled corticosteroids (35.5%), oral xantins (19.9%), oral corticosteroids (7.3%) mucolitics (21.7%) oxygen therapy (4.1%). Only 6.2% referred an adverse event with treatment. Patient satisfaction with treatment: 62% satisfied because low adverse events; 61% satisfied with drugs; 59.9% satisfied about daily life; 58.2% showed satisfaction with effects onset; 61.4% satisfied with sleep profile; 59.1% showed satisfaction with symptoms control; 60.2% satisfied with time of doses. 44% preferred to take medications once a day, 39.8% thought it's important number of time they had to take the drugs; 49.6% considered that the times to take medication in a day doesn't make it more complicated. Males feel better symptoms control than females. Satisfaction was higher in ß2 agonist (less adverse events, less importance on times of dosage), anticholinergic drug (less adverse events, less importance on times of dosage) and inhaled corticosteroids (less